2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000003356

FILED
Apr 25, 2003
Secretary of State

Entity Name: JONES, MADDEN & GROSSO, PLC

Current Principal Place of Business:	**New Principal Place of Business:**
759 SOUTH FEDERAL HIGHWAY, SUITE 212 STUART, FL 34994	789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994

Current Mailing Address:	**New Mailing Address:**
759 SOUTH FEDERAL HIGHWAY, SUITE 212 STUART, FL 34994	789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994

FEI Number: 65-0929591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GROSSO, JOSEPH D JR. 789 S. FEDERAL HWY STE 310 STUART, FL 34994 US	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM ( ) Delete
Name:	JOHN W. MADDEN, P.A.,
Address:	789 S. FEDERAL HWY., STE. 310
City-St-Zip:	STUART, FL 34994
Title:	MGRM ( ) Delete
Name:	JOSEPH D. GROSSO, JR, ., P.A.
Address:	789 S. FEDERAL HWY, STE. 310
City-St-Zip:	STUART, FL 34994

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH D. GROSSO, JR. MGR 04/25/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date